

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007520

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 290

Primary Registration District No.

Registrar's No. 26

FILED FEB 28 1962

## 1. PLACE OF DEATH

a. COUNTY

Pulaski

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Roberts

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION HW 66 1/2 mi East of Spur 66

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

California

b. COUNTY

Calaveras

c. CITY

OR TOWN

Linden

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route 1, Box 198

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

STEVEN

Middle

ARTHUR

Last

MORRILL

## 4. DATE OF DEATH

Month

February

Day

17

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

1 Jun 1938

## 9. AGE (last birthday)

23

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tractor Operator

## 10b. KIND OF BUSINESS OR INDUSTRY

Farm

## 11. BIRTHPLACE (City and state or country)

Stockton, California

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Arthur W. Morrill

## 13b. MOTHER'S MAIDEN NAME

Katherine (Unknown)

## 14. NAME OF HUSBAND OR WIFE

Orleen Ann Morrill

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
Yes Oct 61 to date

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs Orleen A. Morrill Route 1, Box 198 Linden, Calif.

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Laceration of Heart, Extensive

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Automobile Accident

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Crushed Chest and Skull Fracture

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Automobile struck tree on curve on HW 66 1/2 mile

## 20c. TIME OF INJURY

Hour 9:00

Month, Day, Year 2-17-62

East of Spur 66 near St. Roberts, Missouri

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Highway

## 20f. CITY, TOWN, OR LOCATION

St. Roberts

## COUNTY

Pulaski

## STATE

Missouri

## 21. I attended the deceased from 17 February 1962 to

and last saw him alive on never

Death occurred at 9:10 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

JOHN B. MC MASTER, Captain, MC

## 22b. ADDRESS

US Army Hospital  
Fort Leonard Wood, Missouri

## 22c. DATE SIGNED

2-19-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

2/19/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Unknown

## 23d. LOCATION (City, town, or county)

Stockton, Calif.

## (State)

## 24. FUNERAL DIRECTOR

Carl J. Glenn

## ADDRESS

Rolla, Mo.

## 25. DATE RECD. BY LOCAL REG.

2-19-62

## 26. REGISTRAR'S SIGNATURE

Eula Mae Anderson

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.